

AO 440 (Rev. 12/09) Summons in a Civil Action

Summons and Complaint Return of Service

Case No. 11-12753

Hon. Bernard A. Friedman

A copy of the Summons and Complaint has been served in the manner indicated below:

Name of Party Served: Ate My Heart, Inc.

Date of Service:

6/29/2011

Method of Service

____ Personally served at this address:

____ Left copies at the usual place of abode with (name of person):

X Other (specify):
 Served via certified mail to registered agent, Rff Gorman of
 Gelfand, Benneff & Feldman LLP at 1880 Century Park E., Suite 1600
 Los Angeles, CA 90067. (Return receipt attached)

____ Returned unexecuted (reason):

Service Fees: Travel \$ 0 Service \$ 0 Total \$ 0

Declaration of Server

I declare under the penalty of perjury that the information contained in this Return of Service is true and correct.

Name of Server:

Meaghan Skuuman

Signature of Server:

Meaghan M. Skuuman

Date:

7/5/2011

Server's Address:

24100 Southfield Rd., Ste. 205
Southfield, MI 48075

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Ate My Heart, Inc. RA: Jeff Gullman Geifand, Bennett & Feldman LLP 1880 Century Park E. Ste. 1600 Los Angeles, CA 90067</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 6/29/11</p>
<p>2. Article Number (Transfer from service)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7010 2780 0002 8990 9734</p> <p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>	